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SINGLE COMPANY PROMOTION (SCP) ORDER FORM

<u>PLEASE NOTE</u>: This is a non-binding, preliminary order form. Your order will only become final by mutual agreement, after CS Italy has confirmed that your products or services qualify for the SCP and your payment has been received.

Fees: Minimum fee for meeting facility and basic services - \$1,500. Additional services are available at additional costs to be negotiated with you based on the complexity and time required.

Your Contact Informa	ation:			
Contact Name:				
Title:				
Company Name:				
Address:				
	State:			
Phone:	Fax:			
E-mail:				
Website:				
Your credit card info	rmation for	payment:		
☐ American Express	□ Visa	☐ Discover	☐ Mastercard	
Card Number:	Expiration date:			
Name of Card Holder (a	as shown on	card):		
Name of Company:				
Signature:				

Please fax or e-mail Order Form and Questionnaire to: 011-39-06-4674-2113 or rome.office.box@mail.doc.gov